

Facade Improvement Program Application Form

A. Applicant Information

Building Owner:	
Social Security No. or Tax I.D. Number:	
Contact Name:	Owner Type (Check One) <input type="checkbox"/> Individual(s) <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation
Address:	
City/State/Zip:	
Phone:	
FAX:	
E-mail:	

B. Building Information

Building Name:	
Legal Description:	
Address:	Space Allocation Retail %: _____ Office %: _____ Other Commercial %: _____ Residential %: _____ Other %: _____
No. of Stories:	
Ground Floor Sq. Ft:	
Total Sq. Ft.:	
Approx. Market Value:	
Zoning:	

C. Current Indebtedness

Furnish information on BUILDING-RELATED debts, contracts, notes and mortgages payable.

Type	To Whom Payable	Original Amount	Original Date	Present Balance	Interest Rate	Maturity Date	Monthly Payment
1 st Mortgage Holder		\$		\$	%		\$
2 nd Mortgage Holder		\$		\$	%		\$
Other Bldg. Lien		\$		\$	%		\$
Other Bldg. Lien		\$		\$	%		\$
Other Bldg. Lien		\$		\$	%		\$
Other Bldg. Lien		\$		\$	%		\$
	Total	\$	Total	\$		Total	\$

D. Current Tenancy

Use additional sheets if necessary.

Name	Type (retail, office, residential, etc.)	Current Rent	Will building renovations result in increased rent?
1.		\$ /mo.	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, new rent? \$
2.		\$ /mo.	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, new rent? \$
3.		\$ /mo.	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, new rent? \$
4.		\$ /mo.	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, new rent? \$
5.		\$ /mo.	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, new rent? \$
6.		\$ /mo.	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, new rent? \$
7.		\$ /mo.	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, new rent? \$
8.		\$ /mo.	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, new rent? \$
9.		\$ /mo.	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, new rent? \$
10.		\$ /mo.	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, new rent? \$
Total		\$ /mo.	Total new rental income? \$

E. Project Overview

1. Describe in detail the proposed "project" being undertaken (e.g. awning replacement, cornice repair). This narrative should describe the same project outlined by the financials. *(attach additional sheets if necessary.)*

2. When will the project begin?

3. When will the project be completed?

4. Has any portion of the project been started yet? Yes ☐ No ☐
If yes, please describe.

F. Summary of Eligible Project Costs

Proposed Work	Contractor/ Subcontractor	Estimated Completion Date	Primary Facade(s) Work	Other Eligible Work	Total Estimated Cost
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Total Estimated Eligible Project Costs			\$	\$	\$
Percentage of Total Estimated Costs (“Other Eligible Work” cannot exceed 40% of total Eligible Cost)			%	%	
Contingency (Cannot Exceed 10% of Construction Costs)					\$
Total Eligible Costs With Contingency					\$

G. Maximum Assistance Calculator

To determine maximum assistance available, complete both sides of table.

Facade-based Calculation			Eligible Cost-based Calculation	
No. of Primary (Street Facing) Facades =			Total Estimated Costs (from above)	\$
	x \$25,000			x .5
Maximum Construction Assistance =	\$		Maximum Construction Assistance =	\$
Design Costs (if applicable) +	\$		Design Costs (if applicable) +	\$
Total =	\$		Total =	\$
Total Amount Requested must equal lessor of the two calculations above.				\$

H. Repayment Amount Calculator

Total Amount Requested (must equal lessor of two calculations above) =	\$
Design Costs -	\$
Facade Loan Request =	\$
Loan Forgiveness Multiplier	x .8
Amount to be Repaid (Loan Request minus 20% Loan Forgiveness) =	\$

I. Summary of Non-Eligible Improvements

Bids for non-eligible work are not required as a part of this application.

Proposed Non-Eligible Work	Contractor/Subcontractor	Estimated Completion Date	Estimated Cost
Roof Repair			\$
Interior Remodeling			\$
Major Structural Improvements			\$
Parking Lot/Driveway Repair			\$
New Signage			\$
Other:			\$
Other:			\$
Other:			\$
Total Non-Eligible Costs			\$

J. Proposed Financing

Source	Rate	Term	Type	Eligible Costs (From G Above)	Non-Eligible Costs (From I Above)	Total Costs
Facade Program Assistance	0%		Term Loan	\$	N/A	\$
Owner Equity	Not Applicable			\$	\$	\$
Bank:				\$	\$	\$
Other:				\$	\$	\$
Other:				\$	\$	\$
Other:				\$	\$	\$
Total				\$	\$	\$

K. Attachments

Check if submitted. If not submitted, explain why in the space below right.

Yes <input type="checkbox"/> No <input type="checkbox"/> Written bids/quotes for all work to be completed.	<i>Explain:</i>
Yes <input type="checkbox"/> No <input type="checkbox"/> Design plan or description of work to be completed.	
Yes <input type="checkbox"/> No <input type="checkbox"/> Photographs of the building.	
Yes <input type="checkbox"/> No <input type="checkbox"/> Letters of commitment (others involved in financing).	
Yes <input type="checkbox"/> No <input type="checkbox"/> Building/business financials.	
Yes <input type="checkbox"/> No <input type="checkbox"/> Personal financial statements for each building/business owner.	

Disclosure

By signing and submitting this application, the applicant hereby agrees to the following:

1. Applicant agrees that the acceptance of this application does not commit the City to enter into an agreement, to pay any costs incurred in its preparation, to participate in subsequent negotiations, or to contract for the project. Further, the acceptance of this application does not constitute an agreement by the City that any contract will actually be entered into by the City. The City expressly reserves the right to reject any or all applications or to request more information from the applicant.
2. The applicant also agrees that Facade Design Assistance will only be considered for the proposed project by the City if: 1) a Facade Design Assistance application was submitted to the Urban Development Department within the six months prior to the date of this application, 2) a facade design has been completed and is included with this application, and 3) bids or quotes for all proposed work were obtained and are included with this application.
3. Applicant hereby certifies that all information contained in this document and any attachments is true and correct to the best of the applicant's knowledge. Applicant also gives permission to the City of Lincoln to research the building's history, research the applicant's history, contact respective financial institutions, obtain credit reports and perform other related activities necessary for the reasonable evaluation of this proposal.

Should assistance be provided applicant/borrower agrees:

1. To comply with all applicable provisions of federal statutes and regulations concerning equal employment opportunities for persons engaged in rehabilitation work undertaken in connection with program assistance.
2. To keep such records as may be required by the City in connection with the work to be assisted.
3. To not discriminate upon the basis of race, color, sex, marital status, handicap, religion or national origin in the sale, lease, rental, use or occupancy of the property to be assisted.
4. To allow no member of the governing body of the City of Lincoln and no employee of the City of Lincoln to have any interest, direct or indirect, in the proceeds of any loan or in any contract entered into by the borrower for the performance of work financed, in whole or in part, with the proceeds of the loan.
5. That **NO** financial assistance will be provided if the project involves the permanent and involuntary displacement of tenants unless the applicant agrees to provide financial assistance to the tenants at levels consistent with the Federal Relocation and Real Property Acquisition Act, as amended. Such assistance granted will not, however, be counted in the private match requirement.

In addition, the applicant is aware of the following:

1. This assistance involves federal funds and requires compliance with federal guidelines, including Davis-Bacon Wage Rates, Handicapped Accessibility and Historic Preservation.
2. If assistance is given, an audit of the project may be required.
3. The applicant will be obligated to maintain the building improvements for a period equal to the terms of the loan.
4. The maximum participation by the same or common owners in CDBG-funded economic development programs is limited to a total of three projects unless a waiver is granted by the Mayor in the form of an executive order.
5. Financial assistance will not be provided if property taxes or special assessments are in arrears.

Signature

Title (If applicant is a company representative)

Print Name

Date

Facade Loan Committee Meeting Schedule

2001		2002	
Meeting Date	Application Deadline	Meeting Date	Application Deadline
January 16, 2001	January 5, 2001	January 15, 2002	January 4, 2002
February 20, 2001	February 9, 2001	February 19, 2002	February 8, 2002
March 20, 2001	March 9, 2001	March 19, 2002	March 8, 2002
April 17, 2001	April 6, 2001	April 16, 2002	April 5, 2002
May 15, 2001	May 4, 2001	May 21, 2002	May 10, 2002
June 19, 2001	June 8, 2001	June 18, 2002	June 7, 2002
July 17, 2001	July 6, 2001	July 16, 2002	July 5, 2002
August 21, 2001	August 10, 2001	August 20, 2002	August 9, 2002
September 18, 2001	September 7, 2001	September 17, 2002	September 6, 2002
October 16, 2001	October 5, 2001	October 15, 2002	October 4, 2002
November 20, 2001	November 9, 2001	November 19, 2002	November 8, 2002
December 18, 2001	December 7, 2001	December 17, 2002	December 6, 2002

Application Submission

Submit completed application to:

Facade Improvement Program
City of Lincoln, Urban Development Department
129 North 10th Street, Room 110
Lincoln, Nebraska 68508

For questions regarding the application or program guidelines:

Call: 402.441.7862
Fax: 402.441.8711
E-mail: tgagner@ci.lincoln.ne.us

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